



**Public Health**  
Prevent. Promote. Protect.

## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

**District: Aroostook**

**Date: September 20, 2010**

Last DCC meeting conducted September 16, 2010. Next DCC meeting scheduled to occur 12/01/2010.

A working draft of proposed action steps for the Aroostook district public health improvement plan was presented with items for discussion and prioritization. Brief background information was provided on the process to this point, including decisions made by the health education sector workgroup, the primary care sector workgroup, results of individual meetings with local transportation service providers, the DCC steering committee, and the full voting membership of the DCC.

Brief Timeline of DPHIP development activities to this point:

2009 Local Public Health System Assessment and subsequent report back conducted. The full voting membership of the DCC participated in a prioritization exercise in which EPHS #3 and EPHS # 4 were selected as areas on which the DCC wished to focus in the short term future. EPHS # 7 followed closely in number of votes attained.

March 2010 State Health Plan forum conducted as well as presentation of the District “Call to Action” report. This was the foundational meeting for discussions of the DPHIP.

June 2010 DCC partner identification exercise conducted to establish next steps for sector convening. An initial gap analysis of EPHS # 7 activities was also a significant point of group discussion.

July 2010 The EPHS # 3 (Health Education) sector workgroup met to conduct an inventory of health education, health promotion, health communication, risk communication, and current partnerships regarding the implementation of identified activities – in relation to PHIs identified in the Call to Action - presently occurring in Aroostook County. Target audience and resources required to expand upon successful models also assessed. After the initial inventory was complete, sector partners were asked to identify which of the PHIs should be included in phase I of the Aroostook DPHIP based on the following criteria: importance (using statistical and scientific data), changeability, whether the issue was being addressed by some other entity/organization, and implementability within existing resources. The group voted to focus on **Obesity** and **Tobacco** as PHIs based in large part on Aroostook rates (highest in the state for obesity and tobacco use for adults, children, and pregnant women) and available programs and resources to act upon strategies.

Aug/September 2010 “Call to Action” priorities folded in with LPHSA/EPHS priorities into a draft document which was forwarded to the sector workgroups and the DCC steering committee for comment and edit.

September 2010 The working draft was presented to the full voting membership of the DCC for additional prioritization (it was a 24 page document with far too many sample action steps to incorporate without further revision) and comment. At present, suggestions and edits are being assimilated into the document. It is unknown whether the document as presented is the version which will appear in the DPHIP, as a logic model may have to be developed for a similar appearance across all 8 district plans. However, the model as conceived can serve quite well to guide internal DCC activities in the same manner as a DCC workplan as it is a highly inclusive document.



**Public Health**  
Prevent. Promote. Protect.

## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

Ongoing or upcoming projects or priority issues:

- District Health Improvement Plan planning documents, including the LPHSA draft report and subsequent prioritization and the District Performance Report provided and frequently referenced so that future action steps are consistent with the State's vision for a healthier Aroostook as well as the district needs for infrastructure and population health.
- Additional documents which provided guidance for proposed action steps in the DPHIP were referenced and displayed to the group. These documents included The Maine Health Access Foundation report, Quality Counts *Measurably Improving Health and Healthcare in Maine*, HITECH Act information, *Making Maine Work* recommendations, and sample strategies from the Minnesota state health plan.
- Continue to refine subcommittee status and membership – beginning with the nominating committee. Firm up membership attendance requirements as well as reiterating the need for a defined alternate.

Organizations represented at meeting(s):

Healthy Maine Partnerships  
Hospitals  
Mental Health / Substance Abuse Agency  
Community Action Program  
Me CDC, Public Health Nursing  
Tribal Liaison  
Community Representative  
Aroostook EMA  
Aroostook EMS  
Northeast Regional Resource Center  
(2) FQHC  
Municipal representative  
LHO  
District Tobacco Coordinator  
Community substance abuse prevention staff  
U Maine Cooperative Extension

In-district or multi-district collaborations:

KeepMeWell presentation conducted. Basic background information and importance as a deliverable and a public service was conveyed to the group.

Issues or topics to be addressed by SCC:

- Ongoing advocacy and support for DCC resources and further codification of infrastructure
- Communication re: upcoming legislative initiatives impacting Districts

Other district issues (external to the DCC) that impact public health



## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

### <sup>1</sup>Sec. 5. 22 MRSA c. 152

A district coordinating council for public health shall:

1. Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; and
4. Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.

